

<div>◆</div> <div>5. OTHER NAMES EVER USED <i>(For example, maiden name, nickname, etc.)</i></div> <div>◆</div> <div>◆</div>	<div>◆</div> <div>6. PHONE NUMBER</div> <div>DAY ◆</div> <div>NIGHT ◆</div>
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**Selective Service Registration**

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ Yes ☐ No If "No" skip 7b and 7c.

7b. Have you registered with the Selective Service System? ☐ Yes ☐ No If "No" go to 7c.

7c. If "NO," describe your reason(s) in item #16.

**Military Service**

8. Have you served in the United States Military Service? ☐ Yes ☐ No

If you answered "YES," list the branch, dates (MM/DD/YY), and type of discharge for all active duty. If your only active duty was training in the Reserves or National Guard, answer "NO".

BRANCH	FROM	TO	TYPE OF

# Declaration for Federal Employment

Form Approved:  
O.M.B. No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.
15. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

Yes	No

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

## Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and have not yet been selected, Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 17, and complete 17a.

**APPOINTEE:** If you are being appointed, Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 17, complete 17b, read 18, and answer 18a, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in ink)

APPOINTING OFFICER: Enter Date  
of Appointment or Conversion  
(MM/DD/YYYY)

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal Job?
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?
- 18c. If you answered "YES" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "NO," use item 15 to identify the type(s) of insurance for which waivers were not cancelled.

Date (MM/DD/YYYY)		
Yes	No	Don't Know